



North Dakota
WIC

Food Delivery

Section

VENDOR

Subject

APPLICATION

SUMMARY

All new vendor applicants, and existing vendors when asked, must complete the North Dakota WIC Store Application.

PROCEDURE

Grocers

1. New grocers wishing to participate in WIC must complete the application form. Send the WIC Food List, Stocking Requirements, and Price Survey with the Application form to the requesting grocer, and ask them to complete both the Price Survey and the Application form and return it to your office. Existing vendors must complete the Application form each time they renew their contract.
2. Enter the vendor into WICnet, and select "Pending Application" for the status. You will then get a Vendor ID number assigned for the store. Enter the information gathered from the Application into WICnet.

WIC Staff

3. If it appears from the Application and Price Survey that the grocer will be able to meet WIC requirements, schedule a visit to the store.
4. During the visit, make sure that the information presented on the Application is correct and complete the WIC Vendor Approval form. Check the condition of the store. Some "flags" or reasons why you might be cautious about the store include: poor appearance of store, high staff turnover, high prices, and/or a poor attitude on the part of the owner/manager.
5. A copy of the completed approval form, approving or disapproving, will be sent to the grocer.
6. If the vendor is approved, change their status to "Active" in WICnet. You may also give them a North Dakota WIC Vendor Manual so they can keep all their WIC items together. If the vendor is not approved, change their status to "Rejected" in WICnet. You will also need to record a rejected reason.
7. If disapproved, the reason(s) must be recorded in an attached letter or on the back of the form. The Vendor Administrative Appeal Fact Sheet will accompany letters of denial. If a vendor is disapproved, they must wait at least six months until they submit another application to be a WIC vendor.



North Dakota
WIC
Food Delivery

Section

VENDOR

Subject

APPLICATION**WIC STORE APPLICATION**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF NUTRITION AND PHYSICAL ACTIVITY

*See Appendix 1 for the Application Packet

(Jun - 07)

Please complete and return to the _____ WIC Program.

An incomplete application form will not be accepted. Unless listed as optional, all items need to be filled in.

Name of Store		Name of Owner	
Address		Name of Manager	
City	State	Zip Code	Telephone Number
Email address (optional)		Fax number	
WIC contact person (if different from above)		Title (ex. head cashier, manager, etc.)	
Number of Checkout Lanes	Number of Cashiers Employed		Square Feet of Retail Space
Names of Food Wholesaler(s)		Name of Infant Formula Wholesaler(s)	

Is this store a full-service grocery store, selling meats, breads, fresh fruits/vegetables, and dairy products? <input type="checkbox"/> No <input type="checkbox"/> Yes			
How long has this store been in business? _____		Under this name or another? _____	
If another name, please list: _____			
Type of Store: <input type="checkbox"/> Corporation/Major Chain <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dairy			
Hours of Business:	Sunday:	Monday:	Tuesday:
Wednesday:	Thursday:	Friday:	Saturday:
Does this store currently participate in the Food Stamp Program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please list the 7 digit Food Stamp authorization number _____			
Have you ever been disqualified from the Food Stamp Program or been assessed a civil money penalty for hardship? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please state when and why: _____			
Have you been convicted of or had a civil judgment entered against you for any fraudulent business activities in the past six years? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please explain _____			
Do you own or manage any other grocery stores? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list names and addresses: _____			
Do you stock the minimum varieties and quantities of WIC-approved foods (see attached Vendor Stocking Requirements)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you able to obtain infant or special formulas within 48-72 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Date

12/09

Page

2 of 5



North Dakota
WIC

Food Delivery

Section

VENDOR

Subject

APPLICATION

Does this store receive (or anticipate it will receive) 50% or more of their sales from WIC? <input type="checkbox"/> No <input type="checkbox"/> Yes	
What is this store's estimated: Weekly Gross Sales \$ _____ OR Annual Gross Sales \$ _____	What is this store's estimated: Weekly Food Stamp eligible sales \$ _____ OR Annual Food Stamp eligible sales \$ _____
If you are a new store, what are your projected (estimated) weekly gross sales? \$ _____	If you are a new store, what are your projected (estimated) annual Food Stamp eligible sales? \$ _____
Sales Documentation may be requested by the North Dakota State WIC Office for evaluation if USDA determines a store may realize greater than 50% of a store's total revenue from WIC food instruments. Verifiable documentation must be presented upon request of the North Dakota WIC Program. Verifiable documentation includes but is not limited to State tax forms, Federal tax forms, and/or daily retail sales and cash records.	
Does this store have scanners? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, do they have the ability to identify that a food item is WIC authorized? <input type="checkbox"/> No <input type="checkbox"/> Yes	

To the best of my knowledge, all of the above answers and the enclosed price survey are correct. The prices enclosed are the actual shelf prices for food. I understand that, should my store be accepted as a WIC vendor, I will abide by WIC Program regulations and policies including, but not limited to, the following:	
<ul style="list-style-type: none"> Participating in annual vendor training sessions Training of employees regarding WIC procedures by employer or WIC staff if specifically requested 	<ul style="list-style-type: none"> Submission of accurate WIC price surveys quarterly. Periodic monitoring visits to store by WIC staff All items in the WIC vendor agreement
I understand that this is only a request for approval as a WIC vendor and does not constitute approval to participate.	
Signature	Date
Title	
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.	
Attachments: Price Survey, WIC food list, vendor stocking requirements, North Dakota WIC Vendor Selection Criteria	

In the case of a denial for a WIC contract, the vendor must wait six months to submit another application.

Date

12/09

Page

3 of 5



North Dakota
WIC
Food Delivery

Section

VENDOR

Subject

APPLICATION

WIC VENDOR APPROVAL FORM
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF NUTRITION AND PHYSICAL ACTIVITY
(05-02)

(To be completed by WIC staff)

Date		Store Type: <input type="checkbox"/> Food <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dairy only
Name Of Store		
Street Address		
City, State and Zip Code		
A. SELECTION CRITERIA: The following criteria, developed by the State Agency, will be applied when selecting stores to participate in the WIC Program and during periodic reviews of stores' qualifications.		
Yes	No	
		1. a. How many grocers serve this area? _____ b. How many WIC clients in the area? _____
		2. Is the store's appearance sanitary, with no evidence of excess unremoved rubbish, vermin, or general lack of cleanliness? If no, describe:
		3. Is this a full-service grocery store? (N/A for pharmacy or dairy)
		4. Is the store open for business at least eight (8) hours per day, six (6) days per week?
		5. Are shelf prices competitive (no more than 15 percent above the average cost for representative food packages) with other food stores in the area?
		6. Are the minimum quantities and varieties stocked of the WIC approved foods?
		7. Are any additional services offered? (Check all that apply) <input type="checkbox"/> Gas <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Deli and/or Hot Food
		8. Is there evidence of WIC foods or formula with stale expiration dates?
		9. Has store and/or owner or manager ever been disqualified from the Food Stamp Program or been assessed a civil money penalty for hardship?
		10. Has owner, officer, or manager of the store been convicted of or had a civil judgment entered against them?
		11. Has store been sold previously to circumvent a WIC sanction?
		12. If the grocer has participated in WIC, have there been problems with voucher errors, return of vouchers, etc.? If yes, describe:
B. COMPLIANCE: The local agency will report store compliance with the above criteria when a store is considered for participation in the WIC Program.		
C. WAIVERS: Any of the above criteria (except for the competitive price criterion) may be waived with permission of the State Agency if, in the judgment of the State or Local Agency, undue hardship would be placed upon participants due to the store's absence from the Program.		

FOR WIC LOCAL AGENCY USE ONLY

Recommendation of Local Agency: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
If disapproved, or if criteria waivers are requested, reasons must be provided on reverse side.	
Local Agency	Date
Signature and Title	

Date

12/09

Page

4 of 5